

APPENDIX 1

National Survey on Environmental Management of Asthma
Survey Instructions and Questionnaire

Draft Asthma Screening Questions

Sample script: Hello, my name is xxx, with xxx. I'm calling on behalf of the U.S. Environmental Protection Agency. EPA is putting together information on asthma triggers to help people with asthma.

[If person answering phone is not an adult.]

May I please speak to an adult in your household?

[If no adult is present, then call back later.]

Thank you very much, we'd like to speak to an adult. We will call back another time.

[If a new person is put on the phone, then restate the 2 sentences below, then continue:]

Hello, my name is xxx, with xxx. I'm calling on behalf of the U.S. Environmental Protection Agency. EPA is putting together information on asthma triggers to help people with asthma.

I'd like to ask you a few questions about asthma in your household. This questionnaire should take no more than 4 minutes of your time, and it would help the EPA better serve the public. Your responses will always be kept confidential.

1. Does anyone in your household have asthma?

[Answer 'Yes' or 'No'.]

___ Yes ___ No ___ (Don't know)

[If answer is 'No' or 'Don't know', proceed to Question 6.]

[If answer is 'Yes', continue below.]

2. How many people in your household have asthma?

___ (enter number)

[Note: If there is more than 1 asthmatic in the household, obtain this screening information separately for each one. Run through the series of questions separately for each asthmatic. e.g., if there is more than one person with asthma, then say 'Person 1 with Asthma' and ask questions 3,4 and 5. Then ask questions 3,4 and 5 about 'Person 2 with Asthma,' etc.]

3. Is the person under 18 years old?

[Check appropriate box.]

___ Under 18 years ___ 18 years or older

4. Has the person in your home with asthma been diagnosed by a medical professional as having asthma?

[Answer 'Yes' or 'No.']

___ Yes ___ No ___ (Don't know)

5. Has the person with asthma had an asthma attack in the last 12 months?

[Answer 'Yes' or 'No.']

___ Yes ___ No

If not, about how long ago was that person's last asthma attack?

[Indicate months and years ago.]

___ Year(s) ___ Month(s)

6. How many children six years old and younger live in your home?

___ (enter number)

7. Does anyone living with you in the home smoke cigarettes, cigars, or a pipe?

[Answer 'Yes' or 'No.']

___ Yes ___ No

8. Do you allow anyone to smoke inside your home on a regular basis?

[Answer 'Yes' or 'No.']

___ Yes ___ No

9. What is the zip code where your home is located?

_____ (enter zip code)

10. What is your race or ethnicity?

___ Non-Hispanic black or African-American

___ Asian or Pacific Islander

___ White or Caucasian

___ Hispanic or Latino

___ American Indian or Eskimo

___ Other

If the caller answered 'No' to Question 1 (i.e., no one in his or her household has asthma), end the interview with the following statement:

This concludes the interview. Thank you for your time. Goodbye.

If the caller answered 'Yes' to Question 1 (i.e., someone in his or her household has asthma), end the interview with the following:

This concludes the interview. Thank you for your time. Since you have a person with asthma in the home, someone may call soon to hear more about how it is managed. If we call again, we would like to talk to the person with asthma (or the parent or caregiver of the child with asthma).

11. When would be a good time to call back to talk to that person?

____ Day(s) of week ____ Time of day

Thank you, and goodbye.

Draft Asthma Survey Questions

OMB xxxx

Month/year

Sample Script:

[The computer should adjust wording to fit the subject (child or adult) throughout the survey.]

Introduction: Hello, my name is xxx, with xxx. I'm calling on behalf of the United States Environmental Protection Agency. EPA is putting information together to help people with asthma.

[If person answering phone is not an adult.]

May I please speak to an adult in your household?

[If no adult is present, END interview, then call back later.]

Thank you very much, we'd like to speak to an adult. We will call back another time. Goodbye.

We understand from a previous call that an adult/child *[identify which]* in your household has asthma. May I speak with that person (or the parent or caretaker if the asthmatic is a child)?

*Repeat **Introduction** if this is a new person on the phone.*

I have a set of questions about how the asthma is being managed. The questions will take about 15 minutes. Would that be okay?

[State 'respondent rules' up front.]

Our survey method requires that if the person with asthma is an adult, that person must be the one who is interviewed (someone else cannot answer for him/her). If the person with asthma is a child, then a parent or caregiver must answer for him/her. Okay? Are you the person with asthma or is your child the asthmatic?

___ Self

___ Child

___ Both self and child have asthma

[The appropriate interview subject should be identified before the interview begins.]

[If there is more than one asthmatic in the home (if answered 'Both' above), identify which one is the subject before starting.]

I understand you have more than one person with asthma in your home. We can only talk about one of them today. Please pick one asthmatic so all the questions we ask will be about that one person. Okay, do you have that person in mind? Good, let's begin the interview.

Will the subject of the interview be you or a child?

___ Self ___ Child

Interview:

A. Demographic information

Let's start with a couple of basic questions.

1. What is your/your child's:
[Enter age and sex.]

___ age

___ sex

B. Asthma questions

The following questions are about your/your child's asthma.

1. Do you think any of the following things commonly affect asthma symptoms in asthmatics generally, not just in you/your child?
[For each of the options below, ask for 'Yes' or 'No' answers. Check 'Don't know' only if this answer is volunteered, but don't mention 'Don't know' as an option.]

plastic products ___ Yes ___ No ___ (Don't know)

2b. Have you/has your child seen a doctor to diagnose what things may trigger your/your child's asthma? [*Check 'Yes' or 'No.'*]

___ Yes ___ No ___ (Don't know)

2c. Are you/Is your child susceptible to having an asthma attack from exercising or from something else that's not in the environment? [*Check 'Yes' or 'No.'*]

___ Yes ___ No ___ (Don't know)

3. Is smoking ever allowed in your home? [*Answer 'Yes' or 'No.'*]

___ Yes ___ No ___ (Don't know)

4.. Next, I want to ask about managing your home environment. Please answer 'Yes' or 'No' to any of the following actions that may or may not be taken in your home.

[*Read through the response options and answer 'Yes' or 'No' to each.*]

[If respondent answered 'No' to all options in 2a and 'Yes' to 2c then ask respondent about all the options in 3b.]

If the person answered 'Yes' or 'Don't know' to the 'molds' option in 2a:

4a. Do you ever notice mold in your home?

___ Yes ___ No ___ (Don't know)

If 'Yes,'

4b. Do you clean mold as soon as it is noticed in the home?

___ Yes ___ No ___ (Don't know)

If respondent answered 'Yes' or 'Don't know' to the mold and/or dust mite option in 2a:

4c. Do you use an air conditioner or dehumidifier to reduce excess humidity in your home?

___ Yes ___ No ___ (Don't know)

4d. Do you regularly use exhaust fans or open windows in the kitchen or bathroom to reduce humidity from showering, cooking, or dishwashing?

___ Yes ___ No ___ (Don't know)

If the respondent answered 'Yes' or 'Don't know' to the 'cockroaches' option in 2a:

4e. Do you keep indoor areas clean and store food in tight containers to discourage cockroaches?

___ Yes ___ No ___ (Don't know)

4f. If you ever discover cockroaches, which of the following is the main method you use to control them?

___ do nothing to control roaches

___ use roach pesticidal spray (like Raid)

___ use roach traps

___ use boric acid

___ Other Specify_____

If the respondent answered 'Yes' or 'Don't know' to the 'dust mites' option in 2a:

4g. Do you use allergen-impermeable mattress and pillow covers?

☐ Yes ☐ No ☐ (Don't know)

4h. Do you regularly wash the sheets and pillow cases of the person with asthma in hot water?

☐ Yes ☐ No ☐ (Don't know)

4i. Have you taken actions to reduce the use of upholstered furniture in the home?

☐ Yes ☐ No ☐ (Don't know)

If the respondent answered 'Yes' or 'Don't know' to the 'cats' option in 2a:

4j. Do you have a cat in the house or do you choose not to have a cat in the house?

☐ Have a cat ☐ Choose not to have a cat

If have a cat:

4k. Is the cat ever allowed inside the house?

☐ Yes ☐ No

If yes,

4l. Is the cat ever allowed to come into the bedroom of the person with asthma?

☐ Yes ☐ No

If the respondent answered 'Yes' or 'Don't know' to the 'dogs' option in 2a:

4m. Do you have a dog in the house or do you choose not to have a dog in the house?

___ Have a dog

___ Choose not to have a dog

If have a dog:

4n. Is the dog ever allowed inside the house?

___ Yes

___ No

If yes,

4o. Is the dog ever allowed to come into the bedroom of the person with asthma?

___ Yes

___ No

5. The next question is about reasons that might prevent you from reducing exposures to indoor asthma triggers. [*The computer will list items that should be asked about, based on what the subject is allergic to and what actions have not been taken.*]

[e.g., You said you are/your child is sensitive to cockroaches and you indicated that you do not use roach traps, roach sprays, or boric acid to kill cockroaches. Which of the following best explain why you do not?]

___ I wasn't sure what actions to take

___ I don't have time

___ Too expensive

___ Actions are beyond my control

- ___ I know what actions to take, but I don't know how to do it
- ___ I don't want to take actions
- ___ Actions don't work
- ___ I can't find right equipment
- ___ I take different actions to address the problem
- ___ Medications are all I/my child needs
- ___ Other Specify: _____

The following questions relate to medical treatment for asthma.

6. Do you/Does your child regularly take prescription long-term or everyday medication for your/his/her asthma? [*Answer 'Yes' or 'No.'*]

___ Yes ___ No

7. Do you/Does your child take quick-acting, "rescue" prescription medication for asthma-related emergencies? [*Answer 'Yes' or 'No.'*]

___ Yes ___ No

8. Do you/Does your child regularly monitor your / his/her lung function using a peak flow meter or similar device? [*Answer 'Yes' or 'No.'*]

___ Yes ___ No

9. Do you/Does your child have a written asthma management plan that was put together by a health professional? [Answer 'Yes' or 'No.']

___ Yes ___ No

C. Demographic information (continued)

1. What is the highest level of education attained by the head of your household?

___ Did not finish high school

___ Finished high school

___ Attended but did not complete college

___ College degree

___ Post-graduate degree

2. How many people live in your household? [Enter number below]

___ Number in household

3. Please answer 'more' or 'less' to the following question. Is your household income per year (including all sources of income)...? [Income thresholds will adjust automatically by computer to determine whether respondent is low income or not. Ask one of the following. Answer 'More' or 'Less.']

___ More or less than \$9,000 [for 1 person household]

___ More or less than \$11,000 [for 2 person household]

- ___ More or less than \$13,000 [*for 3 person household*]
- ___ More or less than \$17,000 [*for 4 person household*]
- ___ More or less than \$20,000 [*for 5 person household*]
- ___ More or less than \$23,000 [*for 6 person household*]
- ___ More or less than \$26,000 [*for 7 person household*]
- ___ More or less than \$29,000 [*for 8 person household*]
- ___ More or less than \$34,000 [*for 9 or more person household*]

This concludes the interview. Thank you very much for your help.

If you would like to receive free information from the EPA about managing asthma in the home, I can give you a telephone number to call. Would you like to receive information?

If yes: Please call EPA's Indoor Air Quality hotline at 1-800-438-4318 and request the brochure called, "Clear Your Home of Asthma Triggers."

APPENDIX 2

Survey Sample Size and Expected Response Rate

Survey Sample Size and Expected Response Rate

Required Number of Completed Forms

The required number of completed survey forms (n) is derived from the level of precision required for the estimates and the desired level of confidence. A typical estimated quantity is the percentage (P) of the population which has a particular characteristic. The uncertainty in this estimate is denoted by $\ddot{A}P$, the half-width of the confidence interval for P . When estimating a fixed percentage P , the uncertainty at the specified level of confidence is determined by the number of completed questionnaire forms obtained in the survey. Conversely, for a fixed level of confidence, the required number of completed forms may be estimated by specifying a desired value for the half-width of the confidence interval $\ddot{A}P$.

Table 1 shows the required sample sizes for two levels of confidence, 90 and 95% (Levy and Lemeshow). If the desired $\ddot{A}P$ is fixed at 2 percentage points, there is a different sample size required for each value of P , ranging from $n = 502$ at $P = 5\%$ to $n = 2,641$ at $P = 50\%$ for a 95% confidence interval. Since many characteristics are being estimated in the survey, the safest approach is to use the highest number of required survey forms. This occurs when $P = 50\%$. If $n = 2,641$ forms are completed, then characteristics which occur in less than half of the population will have a $\ddot{A}P$ less than 2 percentage points. (Note, however, that a $\ddot{A}P$ of 2 percentage points may be a very large relative error for small values of P ; i.e., if $P = 2\%$ and $\ddot{A}P = 2\%$, then the relative error is 100%).

Table 1

a. Number of responses (n) required for a 95% confidence interval of $P \pm \ddot{A}P$.

		$\ddot{A}P$						
		1%	2%	3%	4%	5%	6%	7%
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P =	5%	2,007	502	223	125	80	56	41
	10%	3,803	951	423	238	152	106	78
	15%	5,388	1,347	599	337	216	150	110
	20%	6,761	1,690	751	423	270	188	138
	25%	7,923	1,981	880	495	317	220	162
	30%	8,874	2,219	986	555	355	247	181
	35%	9,614	2,403	1,068	601	385	267	196
	40%	10,142	2,535	1,127	634	406	282	207
	45%	10,459	2,615	1,162	654	418	291	213
	50%	10,564	2,641	1,174	660	423	293	216

b. Number of responses (n) required for a 90% confidence interval of $P \pm \ddot{A}P$.

		$\ddot{A}P$						
		1%	2%	3%	4%	5%	6%	7%
-----		-----						
P =	5%	1,414	353	157	88	57	39	29
	10%	2,679	670	298	167	107	74	55
	15%	3,795	949	422	237	152	105	77
	20%	4,763	1,191	529	298	191	132	97
	25%	5,581	1,395	620	349	223	155	114
	30%	6,251	1,563	695	391	250	174	128
	35%	6,772	1,693	752	423	271	188	138
	40%	7,144	1,786	794	446	286	198	146
	45%	7,367	1,842	819	460	295	205	150

50%	7,442	1,860	827	465	298	207	152
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Required Number of Telephone Contact Attempts

Given an estimate of n , the required number of completed surveys, the number of telephone contact attempts (N) that will be required is dependent on several additional factors that can only be estimated imprecisely. These factors include:

r_1 - the Phase 1 response rate for agreeing to complete the initial screening, expressed as a percentage of initial telephone contacts;

e_1 - the eligibility rate, which is the percentage of Phase 1 respondents who complete the screening that are eligible to complete the survey;

r_2 - the Phase 1 response rate for agreeing to be called back to complete the survey, expressed as a percentage of the eligible Phase 1 respondents; and

r_3 - the Phase 2 response rate for completing the entire survey form, expressed as a percentage of the eligible Phase 1 respondents who agree to be called back to complete the survey.

Of the four factors above, the eligibility rate (e_1) will have the greatest impact on the required number of telephone contacts. The large impact of this factor is due to the relatively low rate of incidence (approximately 10 percent) of asthma in the general population. The survey design has no effect on this factor.

The remaining factors are three different types of response rates. Each of these three factors may be influenced by the survey design. Due to the salesman's "foot-in-the-door" effect (Hornik, *et al.*), it is expected that $r_3 > r_2 > r_1$. The foot-in-the-door effect states that compliance with a small initial request significantly enhances the likelihood of compliance with a subsequent "target" request. Hence, the smallest response with the largest negative effect is expected to be r_1 , the response rate for completing the screening. The reasons for nonresponse in Phase 1 include no answer after repeated tries or an outright refusal to participate after initial contact is made.

In their 1988 analysis of survey results for Canadian smokers, Bull, *et al.*, report telephone response rates by the cumulative number of call attempts made:

1	39%
2	67%
3	82%
4	88%
5	92%
6	96%

The dramatic increase in response that occurs with an increase in calling effort is confirmed in other U.S. studies. However, the very high level of response seen in Canada does not appear to be reflective of current conditions in the United States.

In the early 1990's, Mishra, *et al.* report completion rates for telephone surveys with a minimum of four call attempts in Orange County, CA, that range from 46 percent to 59 percent, with a midpoint of 52.5 percent. The authors note that ownership of telephone answering machines was over 70 percent during this time period. Kristal, *et al.* report similar results in their telephone health survey in the State of Washington. This study was conducted in two stages: the first stage included up to 11 initial call attempts including callbacks; and the second stage included an additional 11 initial call attempts. Response rates in the first stage were 65 percent for women and 53 percent for men, with an average of approximately 59 percent. Only a few percentage points of improvement were reported to result from the second-stage effort.

In summary, the early Canadian response rate appears to be significantly higher than those reported in later U.S. studies. The Canadian study represents a perhaps unobtainable goal for U.S. telephone surveys. Surveys taken in the Pacific coast area of the United States five years later show a marked decrease in response rates, despite a relatively high number of call attempts. The average of the two midpoints for these studies is approximately 56 percent. This effect is partially due to the increased reliance on telephone-answering machines in the United States in the 1990's. The results also imply that residents along the Pacific coast simply were not home as often as Canadian residents in the late 1980's. However, the lower response may also be due to the larger numbers of two-income and single-occupant residences on the Pacific coast. The currently planned survey will use random-digit dialing with a minimum of seven call attempts for initial contact. The response rate for completing the screening is estimated to be $r_1 = 60\%$ (0.60), reflecting approximately the Washington State study midpoint. This estimate may be compared to the midpoint for the Orange County study, augmented by

eight percent given the increase in the number of contact attempts from four to seven. This increase is the same as that obtained in the Canadian study when contact attempts increase from four to six.

Successful completion of the screening phase will identify the actual number of eligible respondents. At this time, EPA estimates that approximately 10 percent of U.S. households have asthmatics (Mannino). Hence, the eligibility rate is estimated to be $e_1 = 0.10$.

Respondents determined to be eligible in the first phase will be asked to participate in the main portion of the survey. Not all eligible households will agree to participate. However, households are more likely to agree to participate once the screening is completed. Hornik, *et al.* report that having a “foot in the door” increased response rates from 48 percent to 59 percent in Israel, amounting to a relative increase in response of approximately 23 percent. Hence, the estimated response rate for eligible respondents agreeing to participate in the second phase of the survey is $r_2 = 0.74$.

In Phase 2, eligible respondents who have completed the screening and have agreed to participate in the full survey effort will be contacted to complete the full survey. At this stage, the primary obstacle will be reaching the respondent when they are at home and at a convenient time. Information about the best time for future contacts will be obtained when respondents agree to participate in the full survey. This will reduce the chance that a respondent who has agreed to participate cannot be contacted. However, it is likely that passive refusals and terminations will be encountered at this phase. Passive refusal occurs when a respondent who has agreed to participate requests that the interviewer “call back later.” After several attempts, with the same result, it becomes obvious that the respondent does not really intend to participate but has not given a direct refusal. Passive refusals may also occur when telephone-answering machines are used to “screen” calls. Terminations occur when the respondent refuses to complete the entire interview. Longer interviews such as the currently planned survey incur the risk of higher termination rates.

A passive refusal rate of 9.6 percent for high-effort surveys is reported in Mishra, *et al.* Termination rates of approximately five percent are indicated in Hornik, *et al.* Hence, the estimate for the phase 2 response rate is $r_3 = 0.85$.

The total number of required telephone contacts is estimated as:

$$\mathbf{N} = \mathbf{n} / (\mathbf{e}_1 \mathbf{r}_1 \mathbf{r}_2 \mathbf{r}_3).$$

Using the hypothetical goal of n = 2,641 completed forms as derived above, the required number of initial telephone contact attempts is estimated to be:

$$N = n / (0.10)(0.60)(0.74)(0.85) = 2,641 / 0.03774 = 69,979.$$

If other precision goals are desired, the required number of completed forms shown in the bottom row of Table 1a or 1b should be divided by 0.03774 to estimate the required number of contact attempts.

For example, EPA has set a goal of three percentage points at the 90% confidence interval for each of its sample subsets (i.e., children with asthma and low-income adults with asthma). For a goal of three percentage points, the sample size required at P = 50% is n = 827. To achieve this goal for low-income populations, EPA intends to over sample in communities known to have a high percentage of low-income households. However, as information identifying the nation's population of child asthmatics does not exist, EPA must increase the size of its overall sample to achieve its goal for children. EPA estimates that one in four individuals who suffer from asthma are children (Mannino). Therefore, in order to achieve a precision rate of +/- 3 percent at the 90% confidence interval the total number of required initial telephone contact attempts is estimated as

$$N = n / (0.25)(0.10)(0.60)(0.74)(0.85) = 827/0.009435 = 87,652.$$

Note: Appendix 7 provides a bibliography of cited references.

APPENDIX 3

Executive Order 13045

Executive Order 13045

April 21, 1997

Protection of Children from Environmental
Health Risks and Safety Risks

By the authority vested in me as President by the Constitution and the laws of the United States of America, it is hereby ordered as follows:

Section 1. Policy.

1-101. A growing body of scientific knowledge demonstrates that children may suffer disproportionately from environmental health risks and safety risks. These risks arise because: children's neurological, immunological, digestive, and other bodily systems are still developing; children eat more food, drink more fluids, and breathe more air in proportion to their body weight than adults; children's size and weight may diminish their protection from standard safety features; and children's behavior patterns may make them more susceptible to accidents because they are less able to protect themselves. Therefore, to the extent permitted by law and appropriate, and consistent with the agency's mission, each Federal agency:

- (a) shall make it a high priority to identify and assess environmental health risks and safety risks that may disproportionately affect children; and
- (b) shall ensure that its policies, programs, activities, and standards address disproportionate risks to children that result from environmental health risks or safety risks.

1-102. Each independent regulatory agency is encouraged to participate in the implementation of this order and comply with its provisions.

2-201. "Federal agency" means any authority of the United States that is an agency under 44 U.S.C. 3502 (1) other than those considered to be independent regulatory agencies under 44 U.S.C.

3502 (5). For purposes of this order, “military departments,” as defined in 5 U.S.C. 102, are covered under the auspices of the Department of Defense.

2-202. “Covered regulatory action” means any substantive action in a rulemaking, initiated after the date of this order or for which a Notice of Proposed Rulemaking is published 1 year after the date of this order, that is likely to result in a rule that may:

- (a) be “economically significant” under Executive Order 12866 (a rulemaking that has an annual effect on the economy of \$100 million or more or would adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities); and
- (b) concern an environmental health risk or safety risk that an agency has reason to believe may disproportionately affect children.

2-203. “Environmental health risks and safety risks” mean risks to health or to safety that are attributable to products or substances that the child is likely to come in contact with or ingest (such as the air we breathe, the food we eat, the water we drink or use for recreation, the soil we live on, and the products we use or are exposed to).

Sec. 3. Task Force on Environmental Health Risks and Safety Risks to Children.

3-301. There is hereby established the Task Force on Environmental Health Risks and Safety Risks to Children (“Task Force”).

3-302. The Task Force will report to the President in consultation with the Domestic Policy Council, the National Science and Technology Council, the Council on Environmental Quality, and the Office of Management and Budget (OMB).

3-303. Membership. The Task Force shall be composed of the:

- (a) Secretary of Health and Human Services, who shall serve as a Co-Chair of the Council;
- (b) Administrator of the Environmental Protection Agency, who shall serve as a Co-Chair of the Council;
- (c) Secretary of Education;
- (d) Secretary of Labor;
- (e) Attorney General;
- (f) Secretary of Energy;
- (g) Secretary of Housing and Urban Development;
- (h) Secretary of Agriculture;
- (i) Secretary of Transportation;
- (j) Director of the Office of Management and Budget;
- (k) Chair of the Council on Environmental Quality;
- (l) Chair of the Consumer Product Safety Commission;
- (m) Assistant to the President for Economic Policy;
- (n) Assistant to the President for Domestic Policy;
- (o) Assistant to the President and Director of the Office of Science and Technology Policy;
- (p) Chair of the Council of Economic Advisors; and

- (q) Such other officials of executive departments and agencies as the President may, from time to time, designate.

Members of the Task Force may delegate their responsibilities under this order to subordinates.

3-304. Functions. The Task Force shall recommend to the President Federal strategies for children's environmental health and safety, within the limits of the Administration's budget, to include the following elements:

- (a) statements of principles, general policy, and targeted annual priorities to guide the Federal approach to achieving the goals of this order;
- (b) a coordinated research agenda for the Federal Government, including steps to implement the review of research databases described in Section 4 of this order;
- (c) recommendations for appropriate partnerships among Federal, State, local, and tribal governments and the private, academic, and nonprofit sectors;
- (d) proposals to enhance public outreach and communication to assist families in evaluating risks to children and in making informed consumer choices;
- (e) an identification of high-priority initiatives that the Federal Government has undertaken or will undertake in advancing protection of children's environmental health and safety; and
- (f) a statement regarding the desirability of new legislation to fulfill or promote the purposes of this order.

APPENDIX 4

Asthma in America Survey Confirmation

Kelly Ralston

From: Behrens, Lisa R <lb48689@GlaxoWellcome.com>
To: <kralston@scainc.com>
Cc: 'Enright, Pat' <patricia.enright@dc.ogilvypr.com>
Sent: Thursday, December 14, 2000 10:58 AM
Subject: Asthma in America

Dear Kelly,

Your inquiry about the Asthma in America Survey was forwarded to me, at Glaxo Wellcome (survey sponsor). We did not investigate asthma triggers or trigger control to any extent in the survey, but rather, focused on symptom history, asthma severity, perception of control, medical management, physical/lifestyle limitations, etc. A copy of the executive summary can be accessed at www.asthmainamerica.com. The questions, which yielded the survey data in this summary, are located at the bottom of each graph. I'd be happy to put a hard copy of the executive summary in the mail to you. If you have any other questions, feel free to get in touch with me at numbers, addresses, listed below. Thanks.

APPENDIX 5

Draft Federal Register Notice

U.S. ENVIRONMENTAL PROTECTION AGENCY

[FRL-]

Agency Information Collection Activities: Proposed Collection; Comment Request; *National Survey on Environmental Management of Asthma*

AGENCY: U.S. Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (44 U.S.C. 3501 et seq.), this document announces that EPA is planning to submit the following proposed Information Collection Request (ICR) to the Office of Management and Budget (OMB): *National Survey on Environmental Management of Asthma*, EPA ICR Number 1996.01. Before submitting the ICR to OMB for review and approval, EPA is soliciting comments on specific aspects of the proposed information collection as described below.

DATES: Comments must be submitted on or before **[Insert date 60 days after publication in the FEDERAL REGISTER]**.

ADDRESSES: To obtain a copy of the ICR without charge, contact: Dr. Susan Conrath, Indoor Environments Division, Office of Radiation and Indoor Air, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, (6609J), Washington, D.C. 20460.

FOR FURTHER INFORMATION CONTACT: Dr. Susan Conrath by phone at (202) 564-9389 or by e-mail at conrath.susan@epa.gov.

SUPPLEMENTARY INFORMATION:

Affected entities: Entities potentially affected by this action are all individuals throughout the United States with publicly listed residential telephone numbers.

Title: *National Survey on Environmental Management of Asthma* (EPA ICR No. 1996.01) expiring / / .

Abstract: EPA is working to integrate the management of environmental factors with the medical treatment of asthma, particularly among children and low-income populations. To evaluate the effectiveness of its current outreach efforts, EPA proposes to collect data from individual U.S. households through a telephone survey. This survey will be used to gain information regarding the number of individuals with asthma who have taken steps to improve the quality of their indoor environment as part of their approach to managing the disease, as well as any barriers they may have encountered while attempting to do so. EPA will compare the data gained from this survey to the Agency's established Government Performance and Results Act of 1993 (GPRA) goal. Specifically, EPA's goal is that 2.5 million people with asthma, including one million children and 200,000 low-income adults, will have taken steps to reduce their exposure to indoor environmental asthma triggers by 2005.

EPA will conduct this survey in two phases. First, EPA will contact 52,591 people who will participate in a screening survey. These individuals will be chosen randomly from U.S. households with a publicly listed telephone number. EPA expects that 10 percent, or 5,259 individuals, will either have asthma or live in a household with someone who does. After responding to several screening questions, adult asthmatics and parents of children with asthma will be invited to participate in a longer, more in-depth telephone survey. In this second phase, EPA expects to obtain completed survey

responses from 3,308 individuals. This sample size will allow the Agency to draw statistically valid conclusions regarding the number of people with asthma who are taking action to reduce their exposure to environmental triggers.

EPA intends to over sample in communities known to have a high percentage of low-income households to ensure that the Agency is able to evaluate the effectiveness of its outreach efforts to this target population.

The *National Survey on Environmental Management of Asthma* is voluntary and will be conducted once during the period in which this ICR is in effect. EPA does not expect to receive confidential information from the individuals who voluntarily participate in the survey. However, if a respondent does consider the information submitted to be of a proprietary nature, EPA will assure its confidentiality based on the provisions of 40 CFR Part 2, Subpart B, “Confidentiality of Business Information.”

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR Part 9 and 48 CFR Chapter 15.

The EPA would like to solicit comments to:

- (i) evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the Agency, including whether the information will have practical utility;
- (ii) evaluate the accuracy of the Agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- (iii) enhance the quality, utility, and clarity of the information to be collected; and

(iv) minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

Burden Statement: EPA estimates the annual public reporting and record keeping burden for this collection of information to range from between 1.5 minutes and 16 minutes per response, depending on whether or not the survey respondent has asthma or lives with someone who has asthma. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to: review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

This survey effort is expected to cost approximately \$0.75 per respondent living in a non-asthmatic household; \$1.75 per respondent living in an asthmatic household, but participating only in the screening survey; and \$8.00 per respondent participating in both the screening survey and the survey itself. Respondents will incur no capital, start-up costs, or operation and maintenance costs as a result of this survey.

Dated: _____

[Signature of Program Official]

Mary T. Smith

Director, Indoor Environments Division

Billing Code: 6560-50-P

APPENDIX 6

Sampling Frame for EPA's *National Survey on Environmental Management of Asthma*

APPENDIX 6

The Sampling Frame

The *National Survey on Environmental Management of Asthma* will be administered to members of the general population selected randomly from all households in the United States with publicly listed telephone numbers. EPA estimates that approximately 87,652 households will comprise the sampling frame for this survey. EPA intends to over sample in communities known to have a high percentage of low-income households to ensure that the Agency gains sufficient information from this particular population to draw valid conclusions regarding its outreach efforts. 2000 Census information, provided by the U.S. Census Bureau, will be used in conjunction with the telephone listing to identify low-income populations.

APPENDIX 7

Bibliography

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Bibliography

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